

EXHIBIT

tabbed

A-1

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Palmer, Nelson AIS# 173247Medication Allergies: NKDAMedical: Chronic (Long-Term) Problems
Roman Numerals for Medical/Surgical1-16
Mental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
6/24/05	PPP Ømm			NL
6/28/05	Lipoma, Base of neck			AG
7/15/05	Rtu - Bullock Level 4	SMI		PPD
7/15/06		MHT3		JMT

**If Asthmatic label: Mild – Moderate – or Severe.

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN REVIEW**

Application and Review Frequency: Monthly

Crisis Cell: MH Observation, Suicide Watch (each working day)

RTU: X (weekly, bimonthly, monthly)

Admission Date: 07.14.05

Outpatient: (6 months)

SU: (weekly)

Problem# 1 auditory hallucinations, paranoid ideation, depressed mood

Initiation Date: Resolution Target Date: ongoing Status: Resolved No Change X Modified

Outcome/modifications: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to continue monitoring and evaluating medication compliance, AT contact daily, TC to see 2x a month for counseling. Pt. noted to be 100% compliant with his medication, however is very resistant to group therapy. Will encourage on need for same in order to gain insight into his mental illness. Recommend schizophrenia group.

Responsible Staff: Psych, TC, AT, MH nurse

Frequency: 2 wks

Problem# 2

Initiation Date: Resolution Target Date: Status Resolved No Change Modified

Outcome/modifications:

Responsible Staff:

Frequency:

Problem# **Initiation Date:**

Resolution Target Date:

Status: Resolved

No Change

Modified

Outcome/modifications:

Responsible Staff:

Frequency:

Problem# **Initiation Date:**

Resolution Target Date:

Status: Resolved

No Change

Modified

Outcome/modifications:

Responsible Staff:

Frequency:

Treatment Coordinator: Ms. M. Burn, M.S., MHP

Date: 03/31/06

Inmate Name: Palmer, Nelson	Location/Level RTU/3	AIS# 173247
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Disposition: Medical File

Reference: AR ADOC: 622, 623, 630, 632, 633, 635, 638

ADOC Form MH-034 - June 28, 2004

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**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN REVIEW**

Application and Review Frequency: Monthly

Admission Date: 07.14.05

Crisis Cell: _____ MH Observation, _____ Suicide Watch (each working day)

Outpatient: _____ (6 months)

RTU: X (weekly, bimonthly, monthly)

SU: _____ (weekly)

Problem# 1 S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Initiation Date: _____ Resolution Target Date: 4 wks **Status:** Resolved No Change Modified X

Outcome/modifications: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC to see 2x a month for counseling and continue to encourage on need for MH groups

Responsible Staff: Psych, TC, AT, MH nurse

Frequency: 2 wks

Problem# 2

Initiation Date: _____ Resolution Target Date: _____ **Status:** Resolved No Change Modified

Outcome/modifications:

Responsible Staff:

Frequency:

Problem#	Initiation Date:	Resolution Target Date:	Status:	Resolved	No Change	Modified
Outcome/modifications:						

Responsible Staff:

Frequency:

Problem#	Initiation Date:	Resolution Target Date:	Status:	Resolved	No Change	Modified
Outcome/modifications:						

Responsible Staff:

Frequency:

Treatment Coordinator: Ms. Mburne, M.S., MHP **Date:** 02/27/06

Inmate Name: Palmer, Nelson	Location/Level RTU/3	AIS# 173247
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Disposition: Medical File

Reference: AR ADOC: 622, 623, 630, 632, 633, 635, 638

ADOC Form MH-034 - June 28, 2004

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**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN REVIEW**

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RTU: X (weekly, bimonthly, monthly)

Admission Date: 07.14.05
Outpatient: (6 months)
SU: (weekly)

Problem# 1 S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Initiation Date: Resolution Target Date: 4 wks Status: Resolved No Change Modified X

Outcome/modifications: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC to see 2x a month for counseling and continue to encourage on need for MH groups

Responsible Staff: Psych, TC, AT, MH nurse

Frequency: 2 wks

Problem# 2 Polysubstance Abuse

Initiation Date: Resolution Target Date: Ongoing Status Resolved No Change X Modified

Outcome/modifications: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Responsible Staff: ADOC, TC

Frequency: 2 wks

Problem# **Initiation Date:**

Resolution Target Date:

Status: Resolved

No Change

Modified

Outcome/modifications:

Responsible Staff:

Frequency:

Problem# **Initiation Date:**

Resolution Target Date:

Status: Resolved

No Change

Modified

Outcome/modifications:

Responsible Staff:

Frequency:

Treatment Coordinator: Ms. Mbeum, M.S., MHP

Date: 01/27/06

Inmate Name: Palmer, Nelson	Location/Level RTU/3	AIS# 173247
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Disposition: Medical File

Reference: AR ADOC: 622, 623, 630, 632, 633, 635, 638

ADOC Form MH-034 - June 28, 2004

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**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES**
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)

Treatment Plan Reviewed On: 12/27/05

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility
Level Currently Assigned: 4

Admitted to Unit: 07.14.05

CURRENT STATUS:

Problem #1 S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Target Date for Resolution: 4 wks

Status: Resolved No Change Modified

Outcome/Modification: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC 2x a month for counseling, encourage to enroll in schizophrenia group

Problem #2 Polysubstance Abuse

Target Date for Resolution: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Status: Resolved No Change Modified

Outcome/Modification:

Problem #3

Target Date for Resolution:

Status: Resolved No Change Modified

Outcome/Modification:

Comments:

Level Change? Yes No

Second Page attached: Yes No

Psychiatrist: J.P. Psychologist: R. Brown

Mental Health Nurse: S. Anderson LPN Activities Tech: R. Parley

Treatment Coordinator: Ms. M. Mun Correctional Officer Present: Yes No

Inmate Agreement: Nelson Palmer Date: 12-27-05

Next Treatment Plan Review by: 1/27/06 (Level 1: weekly; Level 2: bi-weekly; Level 3 & monthly)

Inmate Name: Palmer, Nelson

AIS #: 173247

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 11-23-05

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility

Admitted to Unit: 07.14.05

Level Currently Assigned: 4

CURRENT STATUS:**Problem #1 S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood**

Target Date for Resolution: 4 wks

Status: Resolved No Change Modified

Outcome/Modification: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC 2x a month for counseling, encourage to enroll in schizophrenia group

Problem #2 Polysubstance Abuse

Target Date for Resolution: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Status: Resolved No Change Modified

Outcome/Modification:

Problem #3

Target Date for Resolution:

Status: Resolved No Change Modified

Outcome/Modification:

Comments:

Level Change? Yes No Second Page attached: Yes No Psychiatrist: R. A. LewisMental Health Nurse: U. C. Jackson Activities Tech: L. BrumleyTreatment Coordinator: M. M. Brown Correctional Officer Present: Yes No Inmate Agreement: Nelson Palmer Date: 11-23-05Next Treatment Plan Review by: 12-23-05 (Level 1: weekly, Level 2: bi-weekly, Level 3 & monthly)

Inmate Name: Palmer, Nelson

AIS #: 173247

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 10-20-05

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility
Level Currently Assigned: 4

Admitted to Unit: 07.14.05

CURRENT STATUS:**Problem #1** S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Target Date for Resolution: 4 wks

Status: Resolved No Change Modified

Outcome/Modification: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC 2x a month for counseling, encourage to enroll in schizophrenia group

Problem #2 Polysubstance Abuse

Target Date for Resolution: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Status: Resolved No Change Modified

Outcome/Modification:

Problem #3

Target Date for Resolution:

Status: Resolved No Change Modified

Outcome/Modification:

Comments:

Level Change? Yes No Second Page attached: Yes No Psychiatrist: S. Ulrich Psychologist: R. ScottMental Health Nurse: D. Stiglitz Activities Tech: T. BransonTreatment Coordinator: Ms. M. Burn Correctional Officer Present: Yes No Inmate Agreement: Nelson Palmer Date: 10-20-05Next Treatment Plan Review by: 11-20-05 (Level 1: weekly, Level 2: bi-weekly, Level 3 & 4: monthly)

Inmate Name: Palmer, Nelson

AIS #: 173247

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 09/13/05

Treatment Plan Initiated On:

Institution: Bullock Co. Correctional Facility
Level Currently Assigned: 4

Admitted to Unit: 07.14.05

CURRENT STATUS:**Problem #1** S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Target Date for Resolution: 4 wks

Status: Resolved No Change Modified

Outcome/Modification: Maintenance mode; maintain s/s's at current stable level, continue med regimen, mh nurse to monitor med compliance, AT contact daily, TC 2x a month for counseling, encourage to enroll in schizophrenia group

Problem #2 Polysubstance Abuse

Target Date for Resolution: Inmate will attend and complete substance abuse program, become and remain drug free and learn how substance abuse negatively impacts his life and mental illness

Status: Resolved No Change Modified

Outcome/Modification:

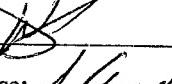
Problem #3

Target Date for Resolution:

Status: Resolved No Change Modified

Outcome/Modification:

Comments:

Level Change? Yes No Second Page attached: Yes No Psychiatrist:  Psychologist: Mental Health Nurse: J. Anderson LPN Activities Tech: D. HutchinsTreatment Coordinator: Ms. M. Dunn Correctional Officer Present: Yes No Inmate Agreement: Nelson Palmer Date: 9-13 05

Next Treatment Plan Review by: _____ (Level 1: weekly, Level 2: bi-weekly, Level 3 & 4: monthly)

Inmate Name: Palmer, Nelson

AIS #: 173247

A1 Ala Department of Corrections Mental Health Services
Treatment Plan: Residential Treatment Unit

Treatment Plan Initiated on:
Institution: Bullock County Correctional Facility

Treatment Coordinator: Ms. Mburu
Admitted to RTU:

Level Currently Assigned:

DSM IV Diagnosis:

Axis I: Schizophrenia d/o; Polysubstance Abuse
Axis II: Deferred
Axis III: Facial Eczema
Axis IV: Incarceration
Axis V: 70

Problem # 1 S/S's of schizophrenia – auditory hallucinations, paranoid ideation, depressed mood

Goal: Minimize or decrease s/s's of schizophrenia

Target Date for Resolution: 4 wks

Intervention(s): Psych Dr to prescribe medication, nurses to monitor medication compliance, TC to see 2x a month for counseling, enroll in schizophrenia group, AT contact daily

Staff Member(s) Responsible: Psych, TC, MH nurses, AT

Frequency: 2 wks

Problem # 2 Polysubstance Abuse

Goal: Improve quality of life by maintaining an ongoing abstinence from all mood-altering chemicals

Target Date for Resolution: 4 wks

Intervention(s): Recommend SAP

Staff Member(s) Responsible: ADOC, TC

Frequency: 2 wks

Problem #3

Goal:

Target Date for Resolution:

Intervention(s):

Staff Member(s) Responsible:

Frequency:

Psychiatrist:

Treatment Coordinator:

Mental Health Nurse:

Activities Tech:

Correctional Officer Present: Yes No

Inmate Agreement: Nelson Palmer

Date: 8/10/05

Treatment Plan Review to be Conducted by: (Level 1: weekly; Level 2:bi-weekly; Level 3&4:monthly)

Inmate Name: Palmer, Nelson

AIS# 173247

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, Alabama 36130-3017

TB

Skin Test Report

County Code	Target Testing	PROJECT	CHR# <u>B/FT 32471</u>
Last Name			
<u>PARKER</u>			
First Name	<u>Deborah</u>		
Patient Home Address	<u>125 35 706 1203</u>		
City	<u>Montgomery</u>		
State	Zip Code	Home Phone	
SSN: - - - - -		Test Administered By:	
		TB Staff	Site Test: Health Department
Date of Birth: - - - - -		PH Nurse	Other
Race: W B AI A AN H/PI O		ETHNICITY: Hispanic or Latino: YES NO	
Reason Tested:		Risk Categories:	
Health Care Worker		Foreign Born	A
Medical Risk		Homeless	
Shelter		Jail/Prison	B
Student		Not at Risk	C
Occupational			
PPD ONE:		PPD TWO:	
Provider#: <u>0</u> Lot#: <u>09944P</u>		Provider#: <u>0</u> Lot#: <u>0</u>	
Date of Test <u>09-02-2005</u>		Antigen AP TU	
Result mm Not Read		Antigen AP TU	
Provider#: <u>0</u>		Provider#: <u>0</u>	
Date Read <u>- - -</u>		Result mm Not Read	

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

Alabama Department of Public Health
 TB Division
 RSA Tower/201 Monroe Street
 Montgomery, Alabama 36130-3017

TB

Skin Test Report

County Code	Target Testing	PROJECT	CHR# <u>B/17 3247A</u>
Last Name	PALMER		
First Name	NELSON		
Patient Home Address			
City	MI		
State	Zip Code	Home Phone	
SSN:		Test Administered By:	Site Test:
Date of Birth:	SEX:	<input checked="" type="radio"/> TB Staff	<input checked="" type="radio"/> Health Department
Race: W B AI A AN HPI O	ETHNICITY: Hispanic or Latino: <input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> PH Nurse	<input checked="" type="radio"/> Other
Reason Tested: <input type="radio"/> Health Care Worker <input type="radio"/> Medical Risk <input type="radio"/> Shelter <input type="radio"/> Student <input type="radio"/> Occupational	<input type="radio"/> Foreign Born <input type="radio"/> Homeless <input type="radio"/> Jail/Prison <input type="radio"/> Not at Risk	Contact to Case/Suspect: <input type="radio"/> YES <input checked="" type="radio"/> NO	Risk Categories: <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C
PPD ONE: Provider#: <u>00000</u>	PPD TWO: Provider#: <u>00000</u>		
Date of Test <u>09 - 02 - 2005</u>	Antigen <input checked="" type="radio"/> AP <input type="radio"/> TU	Date of Test <u>00 - 00 - 2000</u>	Antigen <input type="radio"/> AP <input checked="" type="radio"/> TU
Result <u>0 - 00 - 0000 mm</u>	<input type="radio"/> Not Read	Result <u>0 - 00 - 0000 mm</u>	<input type="radio"/> Not Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; HPI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002



INTAKE HEALTH EVALUATION

NAME: Palmer, Nelson
 AIS #: 173247
 D.O.B.:

Age 37 Sex M Race B Height 5'11" Weight 210

Temp: 98.8 B/P: 140/74 Pulse: 86 Resp: 16

** B/P - If greater than 140/90, repeat in 1 hour. Refer to Mid-Level if B/P remains up.

Do you now or have you ever had, or been treated for:								
Problem	Y	N	Problem	Y	N	Problem	Y	N
Head Trauma	✓		Gastritis	✓		HIV/AIDS ***		✓
Loss of Consciousness	✓		Ulcers	✓		***Medications Verified		
Severe Headaches	✓		Bleeding	✓		Hepatitis - Type		✓
Vertigo/Dizziness	✓		Gall Bladder/Pancreas	✓		Gonorrhea		✓
Vision Problems	✓		Liver Problems	✓		Syphilis		✓
Hearing Problems	✓		Arthritis	✓		Lice, Crabs, Scabies		✓
Seizures	✓		Joint Muscle Problem	✓				
Strokes	✓		Back/Neck Problem	✓		LMP		
Nervous Disorders	✓		Kidney Stones/Dz	✓		Date		
			Bladder/Kidney Infection	✓		Duration		
DT's	✓							
Heart Condition	✓		Alcoholism	✓		Normal		
Angina/Heart Attack	✓		Drug Abuse <u>ack</u> <u>uknd</u>	✓		Regularity		
High Blood Pressure	✓		Psychiatric History	✓		Gravida/Para		
Anemia/Blood Disorder	✓		Suicidal Thoughts**	✓		AB/Miscarriage		
Sickle Cell or Trait	✓		**Immediate M.H. Referral	✓		Contraception		
Lung Condition	✓		T.B.	✓		Type:		
Asthma * <u>hx</u>	✓		PPD - date given. <u>6-20-05</u>					
*Peak Flow Reading			RFA/LFA			Lab Tests - Dates	N	Ab
Bronchitis	✓		Date read: <u>6-24-05</u>			Diagnostic Profile II		
Emphysema	✓		Results: <u>0</u> mm			RPR		
Pneumonia	✓		Visual Acuity			Urine Dip Stick		
Diabetes	✓		OD OS					
Hay Fever/Allergies	✓		OU 20/20			EKG (@ age 35)		

Immunization History: Td 2001 - Stated current status

Immunizations Needed: 4

***HIV Medications: 0

Acute or Chronic Problem Noted: Y X Refer to Mid-Level or M.D. if yes.

N.P.L. RN or Mid-Level, Signature Date/Time 6/22/05 @ 08:54

I have read the *access to health care* information sheets and have been given a copy. I understand how to access health care.

Name Tolson Palmer Date 6-22-05
AIS# 1732417

Medical Staff D. Dyer Date 6/22/05



INTAKE SCREENING

Date: 6/21/05

AIS#: 173241

Last Name: Palmer

First Name: Nelson

Middle:

Birthplace:

DOB:

SS#:

FEMALES: Pregnancy test:

(circle one) Positive

Negative

B/P 140/70

Temp 97.5

Pulse 80 Resp. 20 Weight 210

FSBS 84

If level > 200, repeat within 48 hours. Above 300 call M.D.

Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where?

Brain Surgery 1999 → MVA Hx Eczema since age 12

Previous Incarcerations (Date & Facility)

Bullock 2004

Medications: None

Serquel QHS x 2-3 wks Prescribed by M.D.

Special Diet (Prescribed) Allergies: UNKA

Past Positive TB Skin Test (circle one) YES - (Complete TB Screening Form) NO

ANY INMATE WHO IS UNCONSCIOUS, SEMICONSCIOUS, ACTIVELY BLEEDING, IN ACUTE PAIN AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE.

CLINICAL OBSERVATIONS

1) Level of Consciousness: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Oriented; time, place, person <input type="checkbox"/> Lethargic <input type="checkbox"/> Stuporous <input type="checkbox"/> Comatose Describe:	3) Substance Abuse: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> Current intoxication/Abuse <input type="checkbox"/> Use <input type="checkbox"/> Withdraw Symptoms <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Alcohol Describe- What kind? Amount/Frequency? Cocaine • If confirmed Benzo use, then call M.D. If can not be confirmed, call M.D. Last Use: (Time/Date): 2002
2) General Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	4a) Behavior/Conduct: <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Non-Violent <input type="checkbox"/> Agitated <input type="checkbox"/> Uncooperative <input type="checkbox"/> Violent <input type="checkbox"/> Manipulative <input type="checkbox"/> Disorganized Describe:
3) Signs of Trauma <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b) Affect/Mood: <input type="checkbox"/> Normal <input type="checkbox"/> Manic <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoria <input type="checkbox"/> Flat <input type="checkbox"/> Emotionally Confused Describe:
4c) Perceptions: <input type="checkbox"/> Delusional <input type="checkbox"/> Hallucinations TOOK over dose of pills	5a) Is there h/o actual suicide attempt? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5c) Is there evidence? If ANY of the above in #5 are circled, staff MUST describe here, include previous history and dates: *Any abnormal observations #4 or 5 require immediate Mental Health Referral.
5b) Does pt describe current suicidal thoughts or ideations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5d) High risk pt may become assaultive towards staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6a) Communication Difficulties <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b) Memory Defects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6c) Hearing Impairment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6d) Speech Difficulties <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Upper on Person
7) Physical Aids: <input type="checkbox"/> None <input checked="" type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Walker <input checked="" type="checkbox"/> Wheelchair <input type="checkbox"/> Braces <input type="checkbox"/> Artificial Limb <input checked="" type="checkbox"/> Dentures <input type="checkbox"/> Cane <input type="checkbox"/> Crutches Other ND I on person	8) Additional comments, complaints, symptoms: None S) Fever Y N Swollen Glands Y N Signs of Infection Y N Skin Intact Y N Hx Eczema since age 12

If known Diabetic * Call M.D. for order _____ . Initial Insulin given: _____ .

I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for health services to be provided to me by and through PRISON HEALTH SERVICES.

Nelson Palmer

Inmate's Signature/Date

6/21/05

R. Frank RN

Health Provider Signature/Date

6/21/05

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, Alabama 36130-3017

TB**Skin Test Report**

County Code 12	Target Testing Y	PROJECT 2407	CHR# 173247
Last Name PALMER	MI		
First Name MELSON			
Patient Home Address BULLOCK			
City UNION SPRINGS	State AL	Zip Code 36086	Home Phone (334) 222-1234
SSN: 1-111-1111	SEX: M	Test Administered By:	Site Test:
Date of Birth: [REDACTED]	<input checked="" type="radio"/> M <input type="radio"/> F	<input checked="" type="radio"/> TB Staff	<input checked="" type="radio"/> Health Department
Race: W B AI A AN HPI O	ETHNICITY: Hispanic or Latino: <input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> PH Nurse	<input checked="" type="radio"/> Other
<input type="radio"/> Health Care Worker <input type="radio"/> Foreign Born		<input type="radio"/> Other	
<input type="radio"/> Medical Risk <input type="radio"/> Homeless		<input checked="" type="radio"/> A	
<input type="radio"/> Shelter <input type="radio"/> Jail/Prison		<input type="radio"/> B	
<input type="radio"/> Student <input type="radio"/> Not at Risk		<input type="radio"/> C	
Reason Tested:		Contact to Case/Suspect: <input type="radio"/> YES <input checked="" type="radio"/> NO	Risk Categories:
<input type="radio"/> Health Care Worker <input type="radio"/> Foreign Born		<input type="radio"/>	
<input type="radio"/> Medical Risk <input type="radio"/> Homeless		<input type="radio"/>	
<input type="radio"/> Shelter <input type="radio"/> Jail/Prison		<input type="radio"/>	
<input type="radio"/> Student <input type="radio"/> Not at Risk		<input type="radio"/>	
PPD ONE:		PPD TWO:	
Provider#: 1000	Lot#: 1000	Provider#: 1000	Lot#: 1000
Date of Test 05-11-2004	Antigen <input type="radio"/> AP <input checked="" type="radio"/> TU	Date of Test 07-27-2004	Antigen <input type="radio"/> AP <input checked="" type="radio"/> TU
Provider#: 1000	Result 00 mm	Provider#: 1000	Result 00 mm
Date Read 05-14-2007	<input type="radio"/> Not Read	Date Read 07-30-2004	<input type="radio"/> Not Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; HPI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE: Target Symptoms	TIME: Behavioral Rating Scale 0=No problem 5=worst	Today vs Before
4/15/06	1100	D/H Parva

Medications:	COGNIZANT 100 PROZAC 20-30 mg BIAZO 50 mg	Informed Consent
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Compliance: Inmate report % MAR

PROZAC 100
BIAZO 50 mg

Informed Consent

In addition to the information in the tables above and below, then inmate-patient:

S "Indesirabilis"

Side effects:

- 0 -

o Current regimen adequate to control psychiatric symptoms

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			✓
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info: Labs Ordered: Labs Reviewed: AIMS:?

ASSESSMENT/Diagnosis (DSM-IV)					
<u>Schizophrenia</u>					
<u>PLAN:</u> Continue current treatment					

Return to clinic: _____ Print Last Name: _____ Sign: _____

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
Parva, Nelsm	173247	37	Bm	MH3	BCC

Disposition: Medical File

J SCOTT ANDREWS M.D.

ADOC AR 632, 633, 623, 615

ADOC Form MH-025 March 2, 2005

ALABAMA DEPARTMENT OF CORRECTION
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE:	TIME:	Today vs Before
Target Symptoms	Behavioral Rating Scale 0=No problem 5=worst	
	A H	0/0
	Paranoid	0/0
	Suicidal intent	0/0

Medications: Acet 2 mg, Pro Dec 25, - 3 tabs, Perphen 10 mg HS	Informed Consent
Compliance: Inmate report 100 % vs MAR % brought by BWS	yes

In addition to the information in the tables above and below, then inmate-patient:

S "I'm fine" - did SIN History - did SIN history
w. paranoid
Side effects: ✓
0 Adults - See Met - mood stable - slight press clear - Few brief psychos - 4 SIS in 24 hrs - talking well well - stable at press

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	✓		
Serious Depression	✓		
Self-Injurious Thoughts	✓		
Suicidal intent	✓		
Aggressive	✓		
Seriously Impulsive	✓		
Situational Upset	✓		

Lab info:	Labs Ordered:	Labs Reviewed:	AIMS?:
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<u>ASSESSMENT/Diagnosis (DSM-IV)</u>			
Schizophrenia			

<u>PLAN:</u>	to press Dr Dr to see me
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Return to clinic:	30 days	Print Last Name:	White	Sign:	SG
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Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
Pelton Nelson	173297	37	for	SUS	Bear

Disposition: Medical File

ADOC AR 632, 633, 623, 615
ADOC Form MH-025 March 2, 2005

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE:	TIME:
Target Symptoms	Behavioral Rating Scale 0=No problem 5=worst
	Today vs Before
	AN pains Shrill wh
	0/0

Medications:	Clozapine 3mg NS, P.O. 25mg Tidbs	Informed Consent
Compliance:	Inmate report 100% vs MAR	% Prison ID NS Benadryl 100% yes

In addition to the information in the tables above and below, then inmate-patient:

S "I'm doing good" - due S/H Hcky - due AIU
stable, no pains

Side effects: ✓

O ADDT - due Mar - not stable - cal
+ croquet - tolerate med well - stable
at present

Selected Issues	NO:	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			✓
Aggressive			
Seriously Impulsive			
Situational Upset			↓

Lab info: _____ Labs Ordered: _____ Labs Reviewed: _____ AIMS?: W/M

ASSESSMENT/Diagnosis (DSM-IV)

schizophrenia

PLAN:

cal present &

RK

Return to clinic: 30 days

Print Last Name: Whatley

Sign: SWL

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Palmer, Wilson</u>	<u>173247</u>	<u>37</u>	<u>fm</u>	<u>500</u>	<u>DOC</u>

Disposition: Medical File

ADOC AK 632, 633, 623, 615
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ALABAMA DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

PSYCHIATRIC PROGRESS NOTES

DATE: <u>12/15/05</u>	TIME: <u>0900</u>	Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs Before
				<u>0/5</u>
				<u>0/5</u>
Medications: <u>Prozac 25 & Zyprexa, Prozak 10 mg</u>		Informed Consent <u>yes</u>		
Compliance: Inmate report <u>100% vs MAR</u>				
In addition to the information in the tables above and below, then inmate-patient:				
<u>S</u> I was hearing voices, but I don't hear them anymore				
Side effects:				
<u>O</u> Dull, calm, only answer direct questions not inclined to talk				

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	/		
Serious Depression	/		
Self-Injurious Thoughts	/		
Suicidal intent			✓
Aggressive	/		
Seriously Impulsive	/		
Situational Upset	/		

Lab info: _____ Labs Ordered: _____ Labs Reviewed: _____ AIMS: _____

ASSESSMENT/Diagnosis (DSM-IV)
Schizophrenia - Jackson Hospital

PLAN: Continue present medications

J. SCOTT ANDREWS M.D.

Return to clinic: 2 mo Print Last Name: _____ Sign: _____

Pottinger, Michael	AIS #	Age	R/S	Code	Institution
<u>173247</u>	<u>37</u>	<u>B</u>	<u>SMI</u>	<u>BCCP</u>	<u>MHM</u>

Disposition: Medical File

ADOC AR 632, 633, 623, 615
ADOC Form MH-025 March 2, 2005

MHM Correctional Services

Dr. Bill Sanders

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE:	15/5/05	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5=worst Today vs Before		
	A/H	0%	
	paranoid	0%	
	suicidal intent	0%	
Medications:	Prozac, Proline, Benadryl, Tylenol		
Compliance:	Inmate report 100 % vs MAR %	Informed Consent yes	

In addition to the information in the tables above and below, then inmate-patient:

S "The shaking stopped" - due to Shaking -
is it N/A alone or paranoid

O Ataxia - full Moel - word slable - cold
Cognit - Pendine pyrex - D875 mg TDS -
tolerated well - stable at present

Selected Issues	NO	YES	If yes, comment on pertinent positive findings.	THE POTENTIAL BENEFITS AND SIDE EFFECTS OF <u>Prozac</u> WITHIN THE DOSAGE RANGE OF
Psychosis				0.5 - 6 mg HAVE BEEN DISCUSSED WITH THE INMATE AND THE INMATE HAVE AGREED TO ACCEPT THE MEDICATION.
Serious Depression				
Self-Injurious Thoughts				
Suicidal intent				
Aggressive				
Seriously Impulsive				
Situational Upset				

Lab info: _____ Labs Ordered: _____ Labs Reviewed: _____ AIMS: _____

ASSESSMENT/Diagnosis (DSM-IV) Schizophrenia
THE POTENTIAL BENEFITS AND SIDE EFFECTS OF Benadryl WITHIN THE DOSAGE RANGE OF

PLAN: cor present & benadryl HAVE BEEN DISCUSSED WITH THE INMATE AND THE INMATE HAVE AGREED TO ACCEPT THE MEDICATION.

Return to clinic: 600p Print Last Name: Whatley Sign: SGW

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
Nelson, Palmer	173247	37	pm	5mz	SGW

Disposition: Medical File

Jf Jean

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE:	9/9/05	TIME:	Behavioral Rating Scale 0=No problem 5=worst	Today vs Before	
				<i>AH</i>	0/0
				<i>paran</i>	0/0
				<i>disord what</i>	0/0
Medications: Prn Dec., Prolo p.o., Benadryl				Informed Consent	
Compliance: Inmate report 100 % vs MAR %				yes	
In addition to the information in the tables above and below, then inmate-patient:					
<p><u>S</u> "el shoffer a lot" - di 81W Xing - <u>teri</u> AIV halluci & panic</p> <p><u>Side effects:</u> <u>hypersalivat</u></p> <p><u>0</u> med devl noted - Atx3 - flx per - cal <u>+ myocit</u> - <u>Penisene pures</u> - <u>(P82077)</u></p>					

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	<input checked="" type="checkbox"/>		
Serious Depression	<input checked="" type="checkbox"/>		
Self-Injurious Thoughts	<input checked="" type="checkbox"/>		
Suicidal intent	<input checked="" type="checkbox"/>		✓
Aggressive	<input checked="" type="checkbox"/>		
Seriously Impulsive	<input checked="" type="checkbox"/>		
Situational Upset	<input checked="" type="checkbox"/>		

Lab info:	Labs Ordered:	Labs Reviewed:	AIMS:?
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ASSESSMENT/Diagnosis (DSM-IV)

schizophrenia

<p><u>PLAN:</u></p> <p><i>Cognit Day HS crd over next he agrees to attend m/s group</i></p>					
<p>Return to clinic: <u>1 week</u> Print Last Name: <u>Whatley</u> Sign: <u><i>SGW</i></u></p>					

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Nelson, Palmer</u>	<u>173247</u>	<u>37</u>	<u>pm</u>	<u>SMZ</u>	<u>BUR</u>

Disposition: Medical File

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE:	9/6/05	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5=worst		
<i>Schizophrenia</i>			Today vs Before

Medications:	Pro Dec, Protri 10, Benadryl 50	Informed Consent
Compliance:	Inmate report 100 % vs MAR 100 %	<i>g</i>

In addition to the information in the tables above and below, then inmate-patient:

<i>Schizophrenia</i>
Side effects:
<i>0</i>
<i>Pt is catatonic, flat & unresponsive. no prosocial - no insight</i>

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	<i>✓</i>	<i>?</i>	
Serious Depression	<i>✓</i>	<i>-</i>	
Self-Injurious Thoughts			
Suicidal intent			<i>✓</i>
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered:	Labs Reviewed:	AIMS?:
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<u>ASSESSMENT/Diagnosis (DSM-IV)</u>	
<i>Schizophrenia</i>	
<u>PLAN:</u> <i>Cat. pt N.</i>	

Return to clinic:	Print Last Name:	<i>Sanders</i>	Sign:	<i>BS</i>	
Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<i>Nelson, Paula</i>	173247	37	B	SIN 2	<i>BCCR</i>

Disposition: Medical File

ADOC AR 632, 633, 623, 615

Form MH-025 March 2, 2005

MHM Correctional Services

Dr. Bill Sanders

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE:	TIME:		
Target Symptoms	Behavioral Rating Scale 0=No problem 5=worst		
			Today vs Before
<i>Sefyus</i>			<i>0</i>
Medications:	<i>Pro Dec 25 & 31s Roche 100L. Beny 500</i>		
Compliance:	Inmate report	2 % vs MAR	%
In addition to the information in the tables above and below, then inmate-patient:			
<i>S</i> <i>In ohr</i>			
Side effects:			
<i>0 Pt is calm but very flat. No right or left side sx no paranoid - lacks insight</i>			
Selected Issues	NO	YES	<i>If yes, comment on pertinent positive findings</i>
Psychosis	<input checked="" type="checkbox"/>		
Serious Depression	<input checked="" type="checkbox"/>		
Self-Injurious Thoughts	<input checked="" type="checkbox"/>		
Suicidal intent			<input checked="" type="checkbox"/>
Aggressive	<input checked="" type="checkbox"/>		
Seriously Impulsive	<input checked="" type="checkbox"/>		
Situational Upset			
Lab info:	Labs Ordered:		Labs Reviewed:
			AIMS?:
ASSESSMENT/Diagnosis (DSM-IV)			
<i>Schyzop.</i>			
PLAN:			
<i>Cat part ps</i>			

Return to clinic: _____ Print Last Name: *Stewart* Sign: *KL*

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<i>Nelson, Dennis</i>	<i>173247</i>	<i>37</i>	<i>B</i>	<i>5m8</i>	<i>Beck</i>

Disposition: Medical File

ADOC AR 632, 633, 623, 615

ADM Form MH-025 March 2, 2005

MHM Correctional Services

Dr. Bill Sanders

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE:	7/18/05	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5=worst		
<i>Selby</i>		Today vs Before	

Medications:	<i>Prozac, BuSpar</i>	Informed Consent
Compliance:	Inmate report 2 % vs MAR ? %	<i>Y</i>

In addition to the information in the tables above and below, then inmate-patient:

<i>S</i>	Pt. is a chronic Schizophrenic - poor STABILIZATION
<i>Side effects:</i>	<i>Memory Stutter</i>
<i>0</i>	Pt. has no oral T/Ft drink or persons but lacks insight

Selected Issues	NO	YES	If yes, comment on pertinent positive findings	The potential benefits and side effects of	within the dosage range
Psychosis					
Serious Depression					
Self-Injurious Thoughts					
Suicidal intent					
Aggressive					
Seriously Impulsive					
Situational Upset					

Lab info: Labs Ordered: _____ Labs Reviewed: _____ AIMS: _____

<u>ASSESSMENT/Diagnosis (DSM-IV)</u>	
<i>Reactive - Schizophrenia</i>	
<u>PLAN:</u>	<i>At Rx.</i>

Return to clinic: _____ Print Last Name: *Staple* Sign: *[Signature]*

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<i>Nelson, Dwyane</i>	173247	37	15	SINR	KCCP

Disposition: Medical File

MHVI Correctional Services ADOC AR 632, 633, 623, 615
ADOC Form MH-025 March 2, 2005

Dr. Bill Sanders

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHOTROPIC MEDICATION REPORT

INMATE NAME: Palmer, Delon T.P.AIS #: 173247 LOCATION: BMCF

PSYCHOTROPIC MEDICATION(S) PRESCRIBED:

Medication	Dosage	Frequency	Stop Date
<u>Benadryl</u>	<u>50mg</u>	<u>1/1</u>	<u></u>

PROBLEM REPORTED:

Side effects: _____ Medication-Related Problem: _____ Non-Compliance:

Explanation: _____

Inmate states "I did not know I get medication in the morning."

Reported by: _____ Date: 8-26-05

MENTAL HEALTH NURSE FOLLOW-UP:

Inmate made aware that he gets medication at 11^{AM} + 5^{PM} states that he will be coming up to the pill cart for medications.

Follow-Up by: A. Thomas LPN Date: 8-26-05

PSYCHIATRIC REVIEW/PLAN:

Follow-Up by: _____

Date: _____

Inmate Name: Palmer, DelonAIS #: 173247

DOC Form #458-01

Monthly Activities

Date: February 28, 2006

Inmate Name: Palmer, Nelson AIS # 173247

Was offered the following recreational and therapeutic activates during the month of: February

Current Events	Self Discovery	Beginning Reading
Creative Writing	Reading Skills I	Coping Skills
Music Therapy	Reading Skills II	Depression
Schizophrenia	ADL	Social Activities
Med Education	Therapeutic Art	Primary Social Skills
Western	Communication Skills	Anger Management
Gospel	Movies	Life Management
Parenting	Sleep	Bipolar
Goal Settings	Anger Management/Stress	Mental Illness/Drug Treatment
Games	Bingo	Self Concept
Sleep Hygiene	Puzzles	Daily Hygiene

Open Recreation

His level of participation was generally (active) (marginal) (reluctant) (resistant) (refused) to participate in previously mentioned group(s). This is (consistent) (inconsistent) with his use of recreational services to date. Affect was generally (angry) (hostile) (animated) (blunt) (euthymic) (flat) (inappropriate) (neutral) (sad). Mood appeared (angry) (sad) (neutral) (euthymic) (depressed) (surly) (belligerent) (indifferent). Hygiene was (good) (WNL) (poor). Inmate was generally (on time) (late). General appearance was (neat) (WNL) (disheveled) (shabby). Speech was generally (clear) (mumbling) (slurred) (unintelligible). Interpersonal interactions were generally (relevant) (irrelevant) (insightful) (superficial) (confrontational) (indifferent) (no interaction).

Comments:

Therapeutic services will continue to be offered on a regular basis. His level of participation (will be/has been) communicated to his treatment team.

F. Brown
Signature

R. Raley
Signature
L. Pritchett
Signature

J. Arnold
Signature

Signature

INTERDISCIPLINARY PROGRESS NOTES

Date	Time	Notes	Signature
4/20/06	0730	S-Tm doing OK. Inmate denies any problems O-Inmate alert, calm, slow delayed verbal responses. noted involuntary muscle movement to hands. Looks unkempt. A: Appears stable Wt. 211 lbs P: Prolixin dec 25mg IM Right deltoid S/P/E noted @ site bandaid applied. Rx injection 5/1/06 08:45 AM	
04/20/06		S: Bi-weekly contact - "It's fine..." O: 37 yr old b/m, alert, calm, co-operative, rational, coherent, OX4 - Pt. noted to have ♂ evidence of psychosis, ♂ depressed mood, ♂ suicidal, Speech - normal, behavior - appropriate - Overall Pt. noted to be responding positively to current tx, however on times to be resistant to Group therapy! A: Clinically Stable P: ① Review in 2wks ② Continue to encourage on need for Group therapy	
4/21/06	1730	S: "I'm off" _____ O: Alert & Oriented, neg Lynderd delirious. No slugs, behavior is appropriate, no hallucinations, yes depression, report. Has good eye contact, affect blunted. P: Continue to obsar _____ G. Thompson	Andrea Mburu MSN, APRN

Inmates' Name (Last, First, Middle)	AIS Number	Age	R/S	Facility
Palmer Nelson	173247	37	B/m	Bullock

DATE	TIME	NOTES	SIGNATURE
3/09/06	0730	<p>S - No complaints</p> <p>D - Inmate pleasant, & S/s of EPS noted</p> <p>A - Stable / wt. None</p> <p>P - Prolixin Dec. 25mg given IM Next ing. in 3 wks - 3/30/06</p>	B. Palmer
03/24/06	5:	<p>Bi-weekly Contact - "Doing fine..."</p> <p>D: 37 yr old b/m, alert, calm, co-operative, rational, coherent, OX 4 - Pt. has evidence of psychosis, & depressed mood - full affect, speech - normal behavior - within appropriate, & suicidal. Overall Pt. responding well to current tx - however continues to be resistant to group therapy!</p> <p>A: Clinically stable.</p> <p>P: ① Review in 2 wks ② Encourage on Groups</p>	
3/30/06	0800	<p>S - No complaints</p> <p>D - No S/s of EPS noted</p> <p>A - Stable Wt. - 211 lbs.</p> <p>P - Prolixin Dec. 25mg IM given in RT. Deltoid. Next ing. 4/16/06</p>	Candlyn Munn N.S.MH
4/5/06	1900	<p>S - "I am alright".</p> <p>D - Inmate is alert & responsive. No noted distress. Calm & cooperative. no noted signs of EPS or hallucination.</p> <p>A - Stable</p> <p>P - Continue to monitor & chart per protocol.</p>	J. Thomas PA

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer, Nelson	173247	37	b/m	Bullock

DATE	TIME	NOTES	SIGNATURE
1-26-05	0800	<p>S: I'm Okay</p> <p>O: Calm alert oriented speech low but coherent WT 209 HR 85 EPS A/PMS</p> <p>P: Prolixin Dec 25mg given Rx ing' due on 2-16-06 - DRappius M.</p>	
1/27/06		<p>S: Bi-weekly Contact - "It's fine..."</p> <p>O: 37 yr old b/m, alert, Calm, Co-operative, Rational, Coherent, OX4 - Pt. has ↓ depressed mood - full affect, ↓ evidence of psychosis, ↓ suicidal - Overall Pt. responding well to current tx - However very resistant to Group therapy!</p> <p>A: Clinically Stable</p> <p>P: ① Encourage on need for Group therapy ② Review in 2wks</p>	
2/16/06	0860	<p>Candlyn Mbeun M.S., MH</p> <p>S: I'm fine</p> <p>O: I'm having some dental problems no S/S EPS alert oriented x 3 WT 211 Prolixin Dec 25mg 1hr given A Stable P next ing due 3-9-06</p>	
2/17/06		<p>S: Bi-weekly Contact - "It's fine..."</p> <p>O: 37 yr old b/m, alert, Calm, Co-operative, Rational, Coherent, OX4 - Pt. has ↓ evidence of Psycho depressed mood - full affect, ↓ suicidal - Continues to be very resistant to Group therapy</p> <p>A: Clinically Stable</p> <p>P: Review in 2wks</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer Nelson	173247	37	B/M	Bullock

DATE	TIME	NOTES	SIGNATURE
12-01-05	1900	S: "I am alright" O: Inmate is alert & responsive, no noted distress. Denies pain or discomfort, no signs of EPS or Hallucination. A: Stable P: Continue to Monitor.	D. Smith, Jr.
12-15-05	0730	S: "I'm okay." O: Alert & oriented x 3. No signs or symptoms of EPS noted at this time. A: Stable - weight 205 lbs. P: Prolixin Dec 25 mg given IM next injection 01/05/06. S. Anderson	
12/23/05	2135	S: "I'm alright", demeanor stable. O: 37 yr old b/m is rational, coherent speech, appropriate behavior & no hallucinations or paranoid noted or voiced. A: Appears stable and compliant w/ medications regimen P: Will cont. current plan	
1/05/06	0730	S: No complaints O: Inmate relaxed at S signs of EPS A: Stable / wt 208 lbs P: Prolixin Dec. 25mg given IM. Next inj in 3 wks - 1/26/06	B. Bennett
1/5/06		S: Bi-weekly Contact - "It's fine..." O: 37 yr old b/m, alert, calm, co-operative, rational, coherent, OX4 - Pt. has depressed mood full affect, evidence of psychosis, & Suicidality. Pt. responding well to current tx! A: Clinically Stable P: Review in 2wks	Audrey M. M.S., MH

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Nelson, Palmer	173247	37	B/m	BCH

DATE	TIME	NOTES	SIGNATURE
11-03-05	0740	S - Ø Complaints Ø T3 calm + cooperative. No distress noted. Denied any EPI @ present. A- Stable w/ @ 144+ lbs. P- Prolixin Dec 25mg im given. Next shot Q3wks. 11/24/05 L.P.	
11/7/05		No Show for appt!	Cynthia Menn M.S, MH
11-23-05	0800	S - "I'm doing alright." Ø No S/S of E.P.S. A- Stable Wt. 204 lbs P- Prolixin Dec. 25mg IM given Rt. Deltoid. Next inj 12-15-05 — Adhomastin	
11/23/05		S: Bi-weekly Contact - "Doing fine..." Ø: 37 yr old b/m, alert, Calm, Co-operative, rational, coherent, Oxy - Pt. noted to have Ø thoughts of paranoia, Ø auditory hallucinations, Ø depressed mood full effect - Pt. resistant on Groups! A: Clinically Stable + well P: ① Continue to encourage on Groups ② Review in 2wks	Cynthia Menn M.S, MH
11/29/05		Tx plan reviewed + signed by P/T	Cynthia Menn M.S, MH

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Nelson, Palmer	173247	37	b/m	BCCF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
10/13/05	0730	<p>S- I'm doing OK no c/o voiced</p> <p>O-Inmate alert Calm 3.5/5 EPS on chest noted @ this time. A-Stable wt. 199 lbs</p> <p>P-Prolixin Dec 25mg IM rt deltoid</p> <p>S R/E noted @ site bandaid applied next injection 11-03-05</p>	Jenny L
10/14/05		No show for apt!	Candlyn Mburu N.S, MH
10/18/05		No show for apt!	Candlyn Mburu N.S, MH
10/20/05		<p>S: Bi-weekly Contact - " My back been bothering</p> <p>O: 37 yr old b/m, alert, calm, Co-operative, rational, coherent OX4</p> <p>A: Pt. noted to have ↑ depressed mood, ↓ thoughts of paranoia, ↑ auditory hallucinations. Overall Pt. noted to be responding well on current tx!</p> <p>P: ① Review in 2wks. ② Refer to Dr. Sadiq (P.H.S)</p>	Candlyn Mburu N.S, MH
10/20/05		Tx plan reviewed + signed by Pt!	Candlyn Mburu N.S, MH

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer, Nelson	173247	37	b/m	Baltes

PENITENTIARY DISCIPLINARY PROGRESS NOTE

DATE	TIME	NOTES	SIGNATURE
9/1/05	1535	S - No Complaints O - No noted signs or symptoms of EPS. A - Stable - weight 195. P - Prolixin Dec. 25mg given IM in Deltoid. Next inj is due 9/15/05.	J. Smith
9/8/05	1719	S: "I'm okay", alert, stable O: 37 yr old b/m, rational, coherent verbal, OTOX 3 = calm demeanor appropriate behavior noted Q/SIS of depression, hallucinations, or paranoia noted A (Apprehension). Stable & present orientation, compliant w/ medication regimen. P. Will cont. Current & Plan - Review	
09/09/05		S: Bi-weekly Contact - " Doing ok..." O: 37 yr old b/m, alert, calm, co-operative, rational, coherent, OX 4 A: Pt. noted to have Q thoughts of paranoia, Q auditory hallucinations, Q depressed mood. Overall Pt. noted to be Clinically Stable + well. P: Review in 2wks	
09/13/05		Tx plan reviewed + signed by PT!	Carolyn M. Brown MSN
9/22/05	0930	S - "I'm okay." O - Alert & oriented x 3. O signs or symptoms of EPS noted. A - Stable - weight 194 lbs. P - Prolixin 10-11-05. Dec 25 mg given IM. Next injection 10-18-05. S. Under	Carolyn M. Brown MSN

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer, Nelson	173247	37	B/m	Boaf

IN DISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE										
7/14/05	11:30am	Received at Bullock with Volume I of J. Mental Health Code SMI. Meds O/C prolixin tab and Diphenhydramine	MS. Aubrey MHR										
7/18/05		Received Bullock MH - Rtu-level 4 Assigned to ms. mhr.	DR										
7/21/05	0730	S - no Compliants O - Inmate alert pleasant Calm & relaxed & S/S EPS noted A - Stable @ this time Wt. 199 lbs P - Prolixin Dec 25mg IM RT. deleted 5 R/E NO to do @ site. Bandaid applied Next interview 8/11/05	23 July 05										
08/4/05		No show for appointment!	Cynthia Mben M.S., NHP										
08/18/05		S: Bi-weekly Contact - "It's fine..." O: 37 yr old b/m, alert, calm, co-operative, rational, coherent ox 4 A: Pt. noted to have ↓ depressed mood, ↓ auditory hallucinations, ↓ suicidal, ↓ thoughts of paranoia, ↓ sleep problems Overall Pt. noted to be responding well to current tx P: Review in 2wks											
8-11-05	0730	S - O compliants O - Inmate alert relaxed & S/S EPS noted A - Stable Wt 196 lbs P - Prolixin Dec 25mg IM RT. deleted & R/E noted @ site. Bandaid applied. Next intg. 9-1-05 2005	Cynthia Mben M.S., NHP										
<table border="1"> <thead> <tr> <th>Patient's Name, (Last, First, Middle)</th> <th>AIS#</th> <th>Age</th> <th>R/S</th> <th>Facility</th> </tr> </thead> <tbody> <tr> <td>Palmer Nelson</td> <td>173247</td> <td>41 yrs</td> <td>BM</td> <td>BCCF</td> </tr> </tbody> </table>				Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility	Palmer Nelson	173247	41 yrs	BM	BCCF
Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility									
Palmer Nelson	173247	41 yrs	BM	BCCF									

RECEPTION CHECK LIST

NAME Palmer, Nelson Date 7-13-05
 AIS 173247

- | | | | | |
|---|---|--|------|------|
| 1. Yellow Problem List | <input checked="" type="checkbox"/> YES | NO | | |
| 2. Psychiatric Evaluation | <input checked="" type="checkbox"/> YES | NO | | |
| 3. Blue Notes | <input checked="" type="checkbox"/> YES | NO | | |
| 4. Screening Sheet | <input checked="" type="checkbox"/> YES | NO | | |
| 5. Aims (If Needed) | YES | <input checked="" type="checkbox"/> NO | | |
| 6. MHM Physician's Order Sheet
(Psychotropic Medication) | YES | <input checked="" type="checkbox"/> NO | | |
| 7. Date of Screening Sheet | <u>6/21/05</u> | | | |
| 8. Date of Mental Health Referral | <u>6/21/05</u> | | | |
| 9. Mental Health Code | <input checked="" type="checkbox"/> SMI | HARM | HIST | NONE |
| 10. Mental Health Audit Nurse Signature | <u>Sheri Vaughn, LPN</u> | | | |

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES**

PSYCHOTROPIC MEDICATION REPORT

INMATE NAME: Palmer Nelson
 AIS #: 173247 LOCATION: G114

PSYCHOTROPIC MEDICATION(S) PRESCRIBED:

Medication	Dosage	Frequency	Stop Date
Prolexin	10mg	qhs	
Bonadryl	50mg	qhs	

PROBLEM REPORTED:

Side effects: _____ Medication-Related Problem: _____ Non-Compliance: _____
 Explanation: _____

I'm missed doses of both meds
 ("I went to fill call line and they said I was out of
 Prolexin.")

Reported by: K Calzaretti Date: 6/30/05

MENTAL HEALTH NURSE FOLLOW-UP:

I'm Coonsel I ammed Compliance. The problem
 and side effects that can occur. I'm agreed to
 take meds

Follow-Up by: K Calzaretti Date: 7/1/05

PSYCHIATRIC REVIEW/PLAN:

OK.

Follow-Up by:

(initials)

Date:

7/5/05

Inmate Name

Palmer Nelson

AIS #

173247

DOC Form #457-4

~~KANSAS DEPARTMENT OF CORRECTIONS~~
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

Inmate Name: Palmer, Nelson AIS# 173247 Date of Referral: 6-22-05

REASON FOR REFERRAL:

- CRISIS INTERVENTION
- Family problem: _____
- Problems with other inmates: _____
- Recent stress: _____
- Other: _____

EVALUATION OF MENTAL STATUS

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Anxious | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Homicidal | <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Mutilative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/delusions |
| <input type="checkbox"/> Hostile, angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Other inappropriate behavior: _____ | | |

EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION

- HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER
- OTHER: _____

COMMENTS:Referred by: A. L. G.Phone Contact #: 691 Referral for psychiatrist (referral has been screened by mental health or medical staff)**MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION**

*Seen
by Dr. Schenck
Dr. Schenck*

Follow-Up by:

Inmate Name:

Date:

AIS #

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICESPSYCHIATRIC EVALUATION FORM

Page 1 of 2

DOB: [REDACTED]

Referred by:

- Admission to Institution Mental Health Staff Medical Staff Other _____

Reason for Referral (Presenting Problem):

Long hx Schizophrenia始于1980年
Took prolixia in the past

Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed):

37 yrs. SAW seen by me ☐ Receptor 2 yrs ago & spent ~2 yrs
C. Bullock for cocaine-related SAP 95% well as Schizophrenia.
Took prolixia as main anti-psychotic ☐ Bullock. Mrs. John
Both pills & shots for chronic Anxiety, Insomniac, mild-moderate
mann. Has chronically flat affect and a chronic facial eczema
that gives him a peculiar

Pertinent Medical History (allergies):

Gets distinctly for
Schizophrenia

appearance; however, he generally
functions well in population
Output: ☐ Montgomery MH Clinic
Prattville Satellite

Substance Abuse History:

1 yr cocaine history 2000
SAW C. Bullock

Pertinent Personal/Family History (inmate's sentence):

(No job on disability) His ☐ Mother in Autauga Co has 2 children
uncle also supportive

Institutional Adjustment (current placement): 3rd Incarceration
Not so bad Sentence = 10yr

VOL for prior pass of C.S.

Inmate Name

Palmer, Nelson

AIS #

173247

ALDOC Form 455-01

INTERDISCIPLINARY PROGRESS IN

DATE	TIME	NOTES	SIGNATURE
6/2/05	16 ⁰⁰	<u>Psychiatry</u>	
<u>SMI for chronic schizophrenia</u>			
The potential benefits and side effects of <u>haloperidol</u> within the dosage range of <u>5-40g</u> , <u>g.c.</u> have been discussed with the inmate and the inmate has agreed to accept the medication.		The potential benefits and side effects of <u>haloperidol</u> within the dosage range of <u>12.5-100g</u> , <u>g.c.</u> have been discussed with the inmate and the inmate has agreed to accept the medication.	
<p style="text-align: right;"><u>Favorite reported responsible problem: Schiz.</u></p> <p>The potential benefits and side effects of <u>Benzyl</u> within the dosage range of <u>25-150g</u>, <u>g.c.</u> have been discussed with the inmate and the inmate has agreed to accept the medication.</p> <p style="text-align: center;"> <u>Prolixin Dec 25g, Zm & 3wks</u> <u>Prolixin tabs 10g, 19g</u> } <u>Benzyl 50g, 3wks</u> } x 90v </p> <p style="text-align: center;">See <u>Post</u></p> <p style="text-align: right;"><u>MHM Correctional Services</u> <u>Dr. Joseph McGinn</u></p> <p>9-105 <u>Dec 5 but not given inmate</u> <u>out to court per officer Foster J Stuf L</u></p>			

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Palmer, Nelson	173247			Kilby

*done
PAC*

Monthly Activities

Date: 7-19-04

IM Name: Nelson Palmer AIS#: 173247

Was offered the following recreational activities during the month of:

Open Recreation, Mental Stimulation, Bingo, Western, Games, ADL,

Reality Orientation, Music Therapy, Movies, S.A.S. Group, Grief,

Depression, Reading, Current Events, Social Skills, Gospel/80's

Primary Social Skills, Effective Communication, Anger Management,

Creative Writing, Understanding Your Treatment Plan.

His level of participation was generally active/marginal/reluctant/resistant/refused to participate in the previously mentioned group(s). This is consistent/inconsistent with his use of recreational services to date. Affect was generally angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad. Mood appeared angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent. Hygiene was good/WNL/poor. IM was generally on time/late. General appearance was Neat/WNL/Disheveled/Shabby. Speech was generally clear/mumbling/slurred/unintelligible. Interpersonal interactions were generally relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation will be/has been communicated to his treatment team.

Ms. Arnold

Signature



SPECIAL NEEDS COMMUNICATION FORM

Date: 1/20/06

To: DOC

From: Infirmary

Inmate Name: Delson Palmer ID#: 173247

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Hydrocortisone Creame Kop X

20 day

Date: 1/20/06 MD Signature: Dr. J. Dickey Time: 1700

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)

<u>INVOLUNTARY MOVEMENT RATING</u>		<u>CODE</u>
Rate highest severity observed. Rate movements that occur upon activation one <u>less</u> than those observed spontaneously.		0-Normal, no involuntary movement 1-Minimal, flee tingly present 2-Mild, occurs more than four times 3-Moderate, persistent 4-Severe, very pronounced and continuous
FACIAL AND ORAL MOVEMENTS	MUSCLES OF FACIAL EXPRESSION: Movement of forehead, eyebrows, periorbital area, cheeks: includes frowning, blinking,	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	LIPS AND PERIORAL AREA: Puckering, pouting, smacking	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	JAW: Biting, clenching, chewing, mouth opening, lateral movement	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	TONGUE: Rate only increase in movement both in and out of mouth, NOT inability to sustain movement	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
EXTREMITY MOVEMENTS	Upper(arms, wrists, hands, fingers): include choreic movements(rapid, objectively purposeless, irregular, spontaneous, DO NOT INCLUDE tremors(repetitive, regular, rhythmic)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	LOWER(legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
TRUNK MOVEMENTS	NECK, SHOULDER, HIPS: Rocking, twisting, squirming, pelvic gyrations	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
GLOBAL JUDGEMENTS	SEVERITY OF ABNORMAL MOVEMENTS	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: <u>Rate only patient's report</u>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	0-No awareness 1-Aware, no distress 2-Aware, mild distress 3-Aware, moderate distress 4-Aware, severe distress	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
DENTAL STATUS	CURRENT PROBLEMS WITH TEETH AND/OR DENTURES?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	DOES PATIENT USUALLY WEAR DENTURES?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Assessed by:

Date: 1/3/06

Reviewed by:

Date:

Inmate Name	AIS #
Palmer, Nelson	173247

Robert G. Whatley, CRNP

Hepatitis B Vaccine Consent Form

FACILITY NAME Ballot Co Correctional

Palmer Nelson

Inmate Name

173247

AIS Number

x Nelson Palmer

Inmate Signature

11/22/2005

Date

Dose Given 0.5 cc Hep B vac

Site Given D Deltoid

Administered by Yolanda Mosley LPN

Lot Number and Expiration Date AHBVB004 BA
01/20/06

11/16/2005



SPECIAL NEEDS COMMUNICATION FORM

Date: 11/16/05

To: Doc

From: medical (S.Roberts RN)

Inmate Name: Nelson Palmer ID#: 173247

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

1) Hydrocortisone Cream x 20 days (10g)
For Rash 11/16/20 - 12/5/05

Date: 11/16/05 MD Signature: Dr. Siddiq / D.Robinson RN/NSA Time: 2015



SPECIAL NEEDS COMMUNICATION FORM

Date: 11/14/05

To: DOC

From: HCU - V Smith w/n

Inmate Name: Palmer, Nelson ID#: 173247

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Fuancinolone cream x 20 dop. 11/14/05 → 12/04/05

Date: 11/14/05 MD Signature: T. Siddiq /officer/ Time: 0900

ALABAMA DEPARTMENT OF CORRECTIONS
RECEIVING SCREENING FORM

Inmate's Name: Patron, Nelson B/173247 Date: 7/14/05 Time: 8:30 AM
 DOB: Officer D. Cussey 001 Institution: BOOK

Booking Officer's Visual Opinion

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Is the inmate conscious? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Is the skin in poor condition of show signs of vermin or rashes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Does the inmate appear to be under the influence of alcohol or drugs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are there any visible signs of alcohol or drug withdrawl? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Is the inmate making any verbal treats to staff or other inmates? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Does the inmate have any obvious physical handicaps? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

- | | | |
|---|-------------------------------------|-------------------------------------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you on any special diet prescribed by a physician? (If YES, what type?) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Do you have a history of venereal disease or abnormal discharge? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor any illness? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever attempted suicide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(If YES, When? 2002 How? One Dose)

- | | | |
|---|--------------------------|-------------------------------------|
| 16. Do you want to do any harm to yourself now? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

- | | <u>YES</u> | <u>NO</u> | <u>NO RESPONSE</u> |
|--|------------|-----------|--------------------|
| 17. Do you want to talk to a mental health counselor? | ✓ | — | — |
| 18. Are you allergic to any medication? | — | ✓ | — |
| 19. Have you recently fainted or had a head injury? | — | ✓ | 1955 |
| 20. Do you have epilepsy? | — | ✓ | — |
| 21. Do you have a history of tuberculosis? | — | ✓ | — |
| 22. Do you have diabetes? | — | ✓ | — |
| 23. Do you have hepatitis? | — | ✓ | — |
| 24. Do you have a painful dental problem? | — | ✓ | — |
| 25. Do you have any medical problems we should know about? | ✓ | — | — |
| 26. Do you have a past alcohol or drug history? | ✓ | — | — |

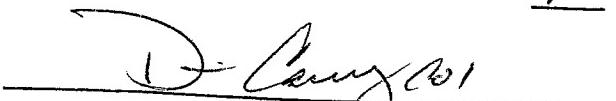
What type? Drugs

How much used?

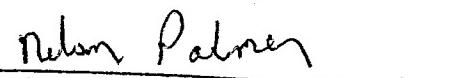
Every DayFor how long? 8 yearsLast time used? 2002Comments: (Unusual behavior, etc.)

For the Officer:

27. Was the new inmate briefed on sick/dental call procedures? Yes
28. This inmate was:
- a. Released for normal processing Yes
 - b. Referred to appropriate health care unit No
 - c. Immediately sent to health care unit No


 Officer's Signature

NOTE: This form is completed on inter and intra system transfers at receiving and will be filed in the inmates' medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.


 Inmate's Signature



SPECIAL NEEDS COMMUNICATION FORM

Date: 6/22/05

To: A Doc

From: Physcials

Inmate Name: Palmer, Nelson ID#: 173247

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

^① Selsun Shampoo use once daily as directed x 90d (stop 9/22/05). ^② Hydrocortisone 0.5% use twice daily when needed x 30d (stop 7/22/05)

Date: 6/22/05 MD Signature: Adams CRP/LB Time: 1540

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)

INVOLUNTARY MOVEMENT RATING
Rate highest severity observed. Rate movements
That occur upon activation one less than those
observed spontaneously.

CODE

0 – Normal, no involuntary movement
1 – Minimal, fleetingly present
2 – Mild, occurs more than four times
3 – Moderate, persistent
4 – Severe, very pronounced and continuous

FACIAL AND ORAL MOVEMENTS	MUSCLES OF FACIAL EXPRESSION: movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing	<input type="radio"/> 1 2 3 4
	LIPS AND PERIORAL AREA: puckering, pouting, smacking	<input type="radio"/> 1 2 3 4
	JAW: biting, clenching, chewing, mouth opening, lateral movement	<input type="radio"/> 1 2 3 4
	TONGUE: rate only increase in movement both in and out of mouth NOT inability to sustain movement	<input type="radio"/> 1 2 3 4
EXTREMITY MOVEMENTS	UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)	<input type="radio"/> 1 2 3 4
	LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	<input type="radio"/> 1 2 3 4
TRUNK MOVEMENTS	NECK, SHOULDER, HIPS: rocking, twisting, squirming, pelvic gyrations.	<input type="radio"/> 1 2 3 4
GLOBAL JUDGEMENTS	SEVERITY OF ABNORMAL MOVEMENTS	<input type="radio"/> 1 2 3 4
	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	<input type="radio"/> 1 2 3 4
	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: rate only patient's report	<input type="radio"/> 1 2 3 4
0 – No awareness 3 – Aware, moderate distress 1 – Aware, no distress 4 – Aware, severe distress 2 – Aware, mild distress		
DENTAL STATUS	CURRENT PROBLEMS WITH TEETH AND/OR DENTURES	<input checked="" type="checkbox"/> YES
	DOES PATIENT USUALLY WEAR DENTURES?	<input checked="" type="checkbox"/> YES

MHM Correctional Services

Assessed by:
Reviewed by:

Dr. Joseph McGinn

Date:
Date:

6/21/05

Inmate Name <i>Palmer, Nelson</i>	AIS # <i>173247</i>
--------------------------------------	---------------------

RECEIVING SCREENING FORM

INMATE'S NAME:

Palmer, NelsonDATE: 6/21/06 TIME: 10:00 AM

DOB:

OFFICER: Darrell NeaseINSTITUTION: KILBY

RECEIVING OFFICER'S VISUAL OPINION

YES NO

Is the inmate conscious? X —

Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care? —

Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care? —

Any obvious fever, jaundice, or other evidence of infection which might spread through the institution? —

Is the skin in poor condition or show signs of vermin or rashes? —

Does the inmate appear to be under the influence of alcohol, or drugs? —

Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc) —

Is the inmate making any verbal threats to staff or other inmates? —

Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? —

Does the inmate have any obvious physical handicaps? —

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures?

This inmate was

- X a. Released for normal processing —
- b. Referred to health care unit —
- c. Immediately sent to the health care unit —

Darrell Nease

Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

**PHYSICIANS' ORDERS**

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

Palmer, Nelson

D.O.B. / / 17324

ALLERGIES: N/A

Use Third Date 4/5/06

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Palmer, Nelson

DIAGNOSIS (If Chg'd)

D.O.B. / / 17324

ALLERGIES: N/A

Use Second Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Palmer, Nelson

DIAGNOSIS

D.O.B. / / 173247

ALLERGIES: N/A

Use First Date 1/20/05

 GENERIC SUBSTITUTION IS NOT PERMITTED

MHM Correctional Services, Inc.**PHYSICIANS' ORDERS**

NAME:	Palmer, Nelson 173247✓		DIAGNOSIS (If Chg'd)
D.O.B.:			Cog ente 2mg HS Pro Dec 25mg IM 3wks) Note 1000 01/03/06 Prolia 10mg HS Benzodiaz 5mg BID
ALLERGIES:	MHS		<i>Gulf</i>
Use Last	Date:	1/3/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED Robert G. Whatley, CRNP
NAME:	173247		DIAGNOSIS (If Chg'd)
D.O.B.:	173247		Cognitive 2mg po BID X 30 days
ALLERGIES:	NHL		<i>Mm</i>
Re Fourth	Date:	1/15/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
ME:	Palmer Nelson 173247		DIAGNOSIS (If Chg'd)
B.:	note 1/14/06		Adult 200 mg x 10d Tramadol 200 <i>Sig</i>
ERGIES:	1/14/06		<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED 1/14/06
ird	Date:	1/1	DIAGNOSIS (If Chg'd)
GIES:	10/8/05		Adult 200 mg x 10d <i>Sig</i>
nd	Date:	1/1	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
Palmer, Nelson 173247	HCS 1/15/06		DIAGNOSIS Prolia Dec 25mg IM 3wks Prolia 10mg / Benzodiaz 5mg BID
RGIES:	Date: 1/15/06		<i>Gulf</i> Robert G. Whatley, CRNP <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

WHITE - MEDICAL RECORDS COPY CANARY - PHARMACY COPY



PHYSICIANS' ORDERS

MHM Correctional Services, Inc.**PHYSICIANS' ORDERS**

NAME:	DIAGNOSIS (If Chg'd)		
D.O.B.: / /			
ALLERGIES:			
Use Last Date: / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME:	DIAGNOSIS (If Chg'd)		
D.O.B.: / /			
ALLERGIES:			
Use Fourth Date: / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME:	DIAGNOSIS (If Chg'd)		
D.O.B.: / /			
ALLERGIES:			
Use Third Date: / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME: Palmer, Nelson -	DIAGNOSIS (If Chg'd) Prolixin 10mg tab Pro Dec 25, 1m q 3wgs benzyl 50 mg bid ✓ Date: 7-18-05		
D.O.B.: [REDACTED]			
ALLERGIES:			
Use Second Date: 7/14/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME: Palmer, Nelson # 173247	DIAGNOSIS Schizophrenia, undifferentiated ① Prolixin 10mg tabs x 90d p.m.d ② Prolixin Dec 25, 1m & 3wks x 90d ③ Benzyl 50 mg bid x 90d Date: 7-18-05		
D.O.B.: [REDACTED]			
ALLERGIES: NKDA			
Use First Date: 6/12/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		



Palmer Nelson
173247
NCOA

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
11/14/05	s go has swelling for pc of large espone to back of neck as well conti about 60%	/ /
11/21/05	s) large swelling to the neck of large espone to neck as well as in m of	
3/28/06	s) Pt has large espone to the back of the neck.	
	of about 6x6cm. Opius deepened neck of the neck as sea greenish in substance . too	
	A lesion	
	I will wait watch it growth, if it start going exponentially we will try to begin it to stop	



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
6/28/05 0814	Palmer, Nelson.	/ /
	47yo BM = long-standing lipomatous mass @ base of posterior neck ~ 15x15 cm. Non-tender. Causes no sx. Nurses exam (-). EOS < T yr. 1) lipoma - asymptomatic. conservative Rx.	
9/1/05	S) Huge lipoma back D) large bldd lipoma to nape A) appt P) well need excision	(Rabbi)
10/7/05 800	S) Pt for lipoma D) large lipoma to back back A) will give Advil be avail for surface visit next week	Egg